## IN THE UNITED STATES BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In Re:	: Bankruptcy No. 22-20904 CMB				
Edward D. Gourn, Jr. and Lauren B. Gourn,	: Chapter 13				
Debtors.	: Document No.				
	: Related to Document No.				
Edward D. Gourn, Jr. and Lauren B. Gourn,	: :				
Movants,	· :				
VS.	· :				
No Respondents.					
AMENDMENT	COVER SHEET				
Amendment(s) to the following petition, list(s), so	chedule(s), or statement(s) are transmitted herewith:				
Voluntary Petition - Specify reason for a	umendment:				
Official Form 6 Schedules (Itemization of Chan	ges Must Be Specified)				
Summary of Schedules	See				
Schedule A - Real Property					
Schedule B - Personal Property					
Schedule C - Property Claimed as Exem	pt				
Schedule D - Creditors holding Secured	Claims				
Check one:					
Creditor(s) added					
NO creditor(s) added					
Creditor(s) deleted					
Schedule E - Creditors Holding Unsecured PriorityClaims					
Check one:					
Creditor(s) added					
NO creditor(s) added					
Creditor(s) deleted					
Schedule F - Creditors Holding Unsecured Nonpriority Claims					
Check one:					
Creditor(s) added					
NO creditor(s) added					
Creditor(s) deleted	I				
Schedule G - Executory Contracts and U	nexpired Leases				
Check one:					

ditor(s) added
creditor(s) added
btors
ncome of Individual Debtor(s) (Amended to reflect Debtor-Husband's
new job and reduced household income)
nt Expenditures of Individual Debtor(s)
cial Affairs
al Debtor's Statement of Intention
n 6 (11/21) Page 2 of 2
Equity Security Holders
Creditors Holding 20 Largest Unsecured Claims
pensation of Attorney for Debtor
n 6 (11/21) Page 2 of 2 Equity Security Holders Creditors Holding 20 Largest Unsecured Claims

Date: October 5, 2023

## /s/ Daniel R. White

Daniel R. White
PA I.D. No. 78718
Zebley Mehalov & White, P.C.
P. O. Box 2123
Uniontown, PA 15401
Email: dwhite@Zeblaw.com
(724) 439-9200
Attorney for Debtor

Fill in this information	to identify your case:	
Debtor 1	Edward D. Gourn, Jr.	_
Debtor 2 (Spouse, if filing)	Lauren B. Gourn	_
United States Bankrup	otcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA	_
Case number 22	-20904 CMB	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u> 106l</u>	MM / DD/ YYYY

## Official Form 1061

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job,		Coords on and atatus	■ Employed	■ Employed
	attach a separate page with Employment status information about additional		☐ Not employed	☐ Not employed
	employers.	Occupation	Laborer	X-Ray Technician
	Include part-time, seasonal, or self-employed work.	Employer's name	Crown Cork & Seal	MedExpress
	Occupation may include student or homemaker, if it applies.	Employer's address	770 Township Line Road Yardley, PA 19067	2644 Mosside Blvd. Monroeville, PA 15146
		How long employed the	here? <u>1 month</u>	1.5 years

**Give Details About Monthly Income** 

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,500.00 4,610.00 deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 3,500.00 4,610.00

Schedule I: Your Income Official Form 106I page 1

	tor 1 tor 2	Edward D. Gourn, Jr. Lauren B. Gourn		Case	e number ( <i>if known</i> )	22-20904	СМВ	
			_		r Debtor 1	For Debto	spouse	
	Cop	y line 4 here	4.	\$_	3,500.00	\$	4,610.00	
5.	l ist	all payroll deductions:						
0.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	670.00	\$	865.00	
	5a. 5b.	Mandatory contributions for retirement plans	5a. 5b.	\$_	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$-	0.00	\$	270.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	0.00	\$	205.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify:	_ 5h.+	- \$_	0.00	+ \$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	670.00	\$	1,340.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,830.00	\$	3,270.00	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0	_	750.00			
	8b.	monthly net income. Interest and dividends	8a. 8b.	\$_ \$	750.00	\$ \$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		Φ_	0.00	Φ	0.00	
		settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	_ 8h.+	- \$_	0.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	750.00	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,580.00 + \$_	3,270.00	= \$	6,850.00
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen			ed in <i>Schedu</i>	ıle J. . +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies					. \$	6,850.00
13.	Do :	you expect an increase or decrease within the year after you file this form' No.	?				Combine monthly	

Yes. Explain:	Debtor husband changed jobs in August 2023.	Current household income reflected above as of the
	end of September 2023.	

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